DOCUMENT RESUME

ED 214 600 JC 820 148

AUTHOR Versteck, Mary M.
TITLE U. T. R. [Unit Treatment Rehabilitation] Program.
PUB DATE Nov 81
NOTE 9p.; Paper presented at the Annual Conference of the Florida Association of Community Colleges (32nd, St. Petersburg, FL, November 11-14, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Agency Cooperation; *Allied Health Occupations Education; Community Colleges; *Cooperative Programs; Government School Relationship; *Mental Health Programs; Program Development; *Psychiatric Aides; Rehabilitation Programs; *Retraining; *State Agencies; Statewide Planning; Two Year Colleges
IDENTIFIERS *Florida

ABSTRACT

In the mid-70's mental health programs in Florida underwent a major change with the implementation of a Unit Treatment Rehabilitation (UTR) model of patient care, which emphasizes the re-socialization of patients and a team approach to mental health care. In response to this change, an innovative program was developed through coordination between the state community college system and the Department of Health and Rehabilitation Services (HRS). Federal funds were obtained to retrain aide-level employees of four state mental hospitals and a ten-course program leading to a Certificate in Human Services was established in coordination with four community colleges. Later, state funds were obtained to speed the retraining process, and a four-course program was established to retrain all aide-level employees at the four hospitals within five years. HRS funds were divided among the four colleges, which also provided financial support for the programs. At each college, a faculty member served as part-time instructor and part-time administrator, and, in one case, coordination was established between the college and hospital through a liaison who administered the program from the two facilities. After outlining the development of the UTR program and problems of interagency coordination, the components of cooperative links between state agencies are presented, including recognition and clarification of need, curriculum development, delivery of service, and evaluation of outcomes. (HB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED214600

U. T. R. PROGRAM

By: Mary M. Versteck

Presented at the Annual Conference of the Florida Association of Community Colleges (32nd, St. Petersburg, FL, November 11-14, 1981).

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Mary M. Versteck

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

✓ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

JC 820 148

Mary M. Versteck
Acting Department Chair
Broward Community College

U.T.R. PROGRAM

Speech Delivered at the Florida Association of
Community Colleges, State Conference, November, 1981

I would like to take the opportunity to speak to you today for a few minutes about a program that is, I believe, innovative and exciting. This program involves a relatively new concept in education in Florida, one that, I hope you may find useful in your own institutions. This model involves a cooperative effort on the part of two State agencies to meet the needs of the local community. The agencies involved are: the state community college system and the Department of Health and Rehabilitative Services (H.R.S.).

In the mid-70's mental health programs in Florida underwent a major change with the implementation of a Unit Treatment Rehabilitation model of patient care. The Unit Treatment Rehabilitation (U.T.R.) model differs from the medical model in 2 significant ways:

1. In the U.T.R. model, the emphasis is on "re-socializing" a person, ie. teaching them coping skills rather than viewing them as "ill" with the inevitable administration of medication as the "cure."

2. The U.T.R. model involves a team approach to patient care. The treatment team includes: a psychiatrist, a psychologist, a social worker and the U.T.R. specialist (formerly the psychiatric aide). Each of these people participate equally in "drawing up," updating and evaluating the treatment plan for each patient. This departs, once again, from the traditional "medical model" in which, since the patient is viewed as "ill," the psychiatrist and nurse are responsible for the treatment decisions and the aides are seen basically as "custodians."

In attempting to make the change over from the traditional model to the UTR mode, HRS recognized the need to retrain the aide-level employees at each of the four State mental hospitals. In looking for funding resources to achieve this, the National Institute of Mental Health was identified as a potential source, and subsequently N.I.M.H. awarded a grant to a group of mental health professionals at the University of South Florida; among the group was a psychiatric nurse, a

psychiatrist and an M.S.W. social worker, Mr. Arthur Slater. This team worked together for one year to develop a 10-course Human Services curriculum. Subsequently, through the Florida Department of HRS, each of the four State mental hospitals joined with its local community college and offered this program to the aides. Under the grant each employee paid for five courses and the N.I.M.H. Grant paid for the "matching" five courses.

At Broward Community College the 10-course program culminated in the conferring of a Certificate in Human Services. We are currently at the point where an AS Degree program in Human Services is offered, not only to the employees of the state hospital, but to members of the community as well.

After proceeding in this manner for two years, it became apparent to HRS that the re-training process was occurring too slowly to meet the timetable of the mental health system: the re-training of all aide-level employees at the four state hospitals within five years. At this point, a "gearing up" process began. Once again, the department was in a position of seeking a funding source. The funding for this new program was handled somewhat differently from the original project. In the current program, funding is provided by an H.R.S. Title XX/Manpower Training Grant. This grant provided for the development of a new 4-course curriculum. It was felt that in reducing the number of courses from ten to four, it would enable a greater number of employees to be trained within the remaining three years of the HRS timetable.

It was in the process of attempting to negotiate these contracts between HRS and the community colleges, however, that we ran into our first problem, a situation I can only liken to the predicament faced by the young honeymoon couple: as much as we wanted to get together, we found ourselves groping quite awkwardly toward each other - leaving us frustrated, but hopeful that our next round (of negotiations) would be more satisfying.

After a number of meetings (during which each of us perfected our technique) we finally were able to resolve the contractual issues in a way that was acceptable to both parties. It was determined that the funds be allocated in the following manner: each of the state hospitals received resources in the form of a Title XX Training Grant from the HRS Training Office; this allowed the hospital to encourage class attendance since the only direct cost to the hospital was the replacement of personnel on the units.

The funding to the community college was handled in the following manner: there was a primary contract that was awarded by HRS/Manpower to Tallahassee Community College for $300,000. This sum was divided among the four community colleges based on their projection of the number of students they would be training during a one year period. The payment schedule was on a reimbursement basis according to the number of students who were trained during a given period.

Also, this grant required each community college to provide either a matching sum or an "in kind" match. Broward's "match" included personnel costs as well as educational costs. From the standpoint of the community college, this grant allows the community colleges to absorb instructional costs while waiving student fees and including the FTE's in their enrollment allocation from the State. The result is that these students are treated in the same manner as any other college student.

As I mentioned earlier, this "gearing-up" process led to a major revamping of the original curriculum in order to best meet the educational needs of the students. Once again, Mr. Slater and his team set about the task of developing the new curriculum. In this area, the community college believing that we were the more "experienced half" of this couple, stepped into the picture, and offered to "share our expertise" with the curriculum specialist (ever so gently, however).

One of the ways in which we were able to assist Mr. Slater in the curriculum development process was making him aware of the educational level of the students, thereby enabling him to develop material in a way that would be most helpful for the students, i.e., video-tapes and workbooks to accompany the classroom lectures. Since HRS envisioned a skills-oriented design, these teaching materials blended quite easily with that goal.

It is important to note that the community colleges viewed the curriculum materials as tools that would allow for maximum consistency across all four institutions, as well as sufficient flexibility for the instructor.

As I mentioned earlier, this project has attempted to forge consistency but still allow for institutional independence. So too, in terms of the grading policy: because the colleges are delivering this service via established academic standards, the evaluation of learning outcomes has remained with the colleges. If credit is awarded, the level of work represented is acceptable.

The administration of the program was handled somewhat similarly at each institution by re-assigning a full-time faculty member to serve as a part-time instructor in the program as well as a part-time administrator for the program. The administrative responsibilities included: monitoring the budget, hiring any additional instructors and supervising them, as well as critiquing instructional materials.

At Broward the administration of the program was handled in a unique fashion; during the initial phases of the program, BCC and South Florida State Hospital worked very closely together in choosing the student population: evaluating the existing educational records and screening the students. As the instructor assigned to the project, I was able to bring a broad perspective since I had been previously employed in psychiatric institutions. As the

program continued to evolve, I was asked to serve as a part time consultant to the Department of Staff Development and Training at South Florida State Hospital. My duties in that capacity involved providing in service training helping the Director of Human Resources to re-organize that department, and generally, being a resource person and liason between the two institutions.

In order to accomodate this expanded role, I was given total "release time" from teaching; administering the program from the hospital three days each week and from the college two days each week. This arrangement took place from September, 1980 - December, 1980, and was very helpful to the start-up process: enabling me to attend curriculum meetings as a representative of both institutions, facilitating the registration process for the students as well as acquiring classroom space at the college (the college is, conveniently, only 1.8 miles from the hospital).

In short, it was a unique and effective format that was helpful to both institutions. Serving in the capacity of a "liason" can be somewhat difficult and, needless to say, quite time consuming but the success of this "experiment" can be attributed, in part, to fact that it was short-term with very specific goals.

In conclusion, I would like to take a moment to attempt to convey the "feeling" in the classroom. There have been some amusing and touching incidents that occurred during this year. One of the U.T.R. courses deals with communications skills; students are encouraged to try these skills outside of the classroom, not only with patients, but with other hospital staff as well. This particular lesson involved a discussion of the importance of maintaining eye contact with the other person and using appropriate facial gestures, especially smiling, etc. One of the instructors was encouraging the aides to do this with their supervisors, and was surprised when one of the aides raised

her hand to comment, "If I kept lookin' at my supervisor and smilin,'he'd think I was high on somethin'!"

Another day the students were discussing how difficult it can be, at times, to maintain empathy for the patients, especially after working at the hospital for 10 to 15 years. One of the students was agreeing with that, but making the point that sometimes you are empathic without even knowing it. He cited the example of his experience with a patient who had been at the hospital for a number of years, and although the student hadn't been able to spend a great deal of time with the patient, he recalled coming to work one day and seeing the patient's name on the list of "deceased" from the previous night. The aide recalled how sad he was upon seeing the name; even in retelling this incident in the class, the man's eyes filled with tears. So the classroom has become not only a forum for learning, but a place for sharing common experiences as well.

Just briefly to recap this model of cooperative linkage between State agencies is as follows:

1. Recognition of a need by one agency (i.e., training need established by HRS).
2. Clarification of the need in conjunction with the provider (i.e., HRS and the community colleges).
3. Curriculum development tailored to that need (i.e., skills-oriented, competency-based curricula).
4. Delivery of services by provider with feedback loops to the originating agency (i.e., the community colleges and HRS).
5. Joint evaluation of outcomes by all parties (i.e., HRS, the community colleges, and curricula designers).

In our opinion, this model can be utilized in many regions. It simply requires recognition on the part of State agencies of the quality and flexibility of the community college delivery system, and patience and persistence on the part of the community college in working with the

bureaucracy that typifies State Human Service agencies. The end result can be an innovative and creative alternative to the more traditional classroom experience, a result that is meaningful for both the student and the instructor, as this final story illustrates.

Recently, I spoke with one of our instructors in the program and she made the point that, not only were the students benefiting from the program in terms of mastering "helping skills," but also in terms of increasing their self-esteem. She described a woman in her class who is 52 years old and nearing the end of the 4-course sequence; she recently asked the instructor for a college catalog since she has decided to pursue her AS degree!

In short, that is what this program is all about ... "human services" in every sense of the word.

UNIVERSITY OF CALIFORNIA
ERIC CLEARINGHOUSE FOR
JUNIOR COLLEGES
96 POWELL LIBRARY BUILDING
LOS ANGELES, CALIFORNIA 90024
EE 36

MAY 7 1982